

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)	2/27/04 7/15/04	
CLAIMS								
#	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/		/				51	/
2		/		/			52	/
3							53	/
4							54	/
5							55	/
6		/					56	/
7		/					57	/
8	/						58	/
9	/						59	/
10	/						60	/
11							61	/
12							62	/
13	/		/				63	/
14	/		/				64	/
15							65	/
16							66	/
17		/		/			67	/
18		/					68	
19							69	
20	/		/				70	
21	/		/				71	/
22							72	/
23							73	/
24							74	/
25							75	/
26							76	/
27							77	/
28							78	/
29							79	/
30							80	/
31							81	/
32							82	/
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40		/					90	
41		/					91	/
42		/					92	
43		/					93	
44		/					94	
45		/					95	
46		/					96	
47		/					97	
48		/					98	
49		/					99	
50		/					100	
TOTAL IND.	4		3				TOTAL IND.	
TOTAL DEP.	50	←	9	←			TOTAL DEP.	
TOTAL CLAMS	54	←	10	←			TOTAL CLAMS	